

MEDIATION BACKGROUND INFORMATION

(FOR MEDIATION OFFICE REVIEW ONLY)

SIDE ONE

CASE NAME:

CASE NO.

Please provide names, addresses and phone numbers (including the fax nos.) of all counsel who will be participating on behalf of your client and the name of the client(s) you are representing. (Please indicate who is lead counsel):

Name(s) and position(s) of client(s), or client representatives, who will be participating in the conference:

Has this case or a related one been before the Court before? Yes No

If yes, state Case Name (abbreviated) and Case No.:

Return by fax (513/564-7349) or mail, at least five working days prior to the mediation date, to the attention of Teresa Mack, 331 Potter Stewart U.S. Courthouse, 100 E. Fifth Street, Cincinnati, Ohio 45202.

(This form can be downloaded from the Mediation Website at <http://ca6.uscourts.gov>.)

MEDIATION BACKGROUND INFORMATION

Case No.

SIDE TWO

CONFIDENTIAL INFORMATION

Please be as candid as possible

This information will not be shared with other parties or their counsel

1. Do you or your client have specific interests or concerns other than money that you would like to see addressed in this mediation?

2. What, in your opinion, have been the primary obstacles to settlement to date?

3. Is there anything else you can tell the mediator in advance that might enable him/her to be more helpful or efficient?